

reviews

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ART

The Nature of Panic: A Walk Through Fear in Pictures and Words

An exhibition by Patrick Olszowski
and Sophie Petit-Zeman,

the.gallery@oxo, Oxo Tower Wharf, Bargehouse Street,
London SE1 9PH, until 22 February 2004

Rating: ★★★★★

Fire. There's a fire and a woman is in there. Getting ready to go out. Meeting another man. Then a photographer leaps off a cliff. Is he out of his mind? You decide. The man is Patrick Olszowski and I am looking at two of his digitally enhanced images in this unusual exhibition.

Olszowski has had panic attacks since his teens. Everyday happenings trigger terrifying changes to his inner world, yet Olszowski also claims that he remained unphased by a gale force seven in the Bay of Biscay. He is also a photographer who uses his art to create images of how he feels.

"People don't see me having a panic attack," explains Olszowski. "I could say trite things about rainbows and roses, about panic being my own worst enemy while it also opens my eyes." Instead he spent a year photographing panic.

Olszowski has co-presented the exhibition with Sophie Petit-Zeman, a medical writer who has worked on the Department of Health's anti stigma campaign for mental health. Petit-Zeman accompanies Olszowski's images with lucid physiological explanations. The text is concise, and free of jargon and waffle.



Patrick: "Just Patrick, no more, no less, no label"

To describe this as a collection of large digital photos alongside text is to minimise its impact and importance. The pair describe their exhibition as "a walk through fear in pictures and words."

Though deceptively simple, all the photos are beautifully constructed. Many of the pictures, including *Orange Leaves and Water* and *Rainbow*, could easily be enjoyed for their aesthetic appeal alone. Others are more provocative, including the first photograph, *Patrick*. Olszowski's self portrait, half-dressed, head tilted and half out of the frame, shows him holding a blank piece of paper and is accompanied by the explanation "Just Patrick, no more, no less, no label." It dares you to tag him with a derogatory description. Petit-Zeman affectionately describes Olszowski as a "Labrador puppy." It is easy to see why. A sense of playfulness as well as fear is evident in most of his

photography. Visual metaphors bound off these prints. There is no subtlety here, but it works.

What is so refreshing is that the duo communicate what it feels like to have a panic attack without hectoring, without being shrill, and, above all, without being worthy and dull. There is a message, but not a whiff of victimhood.

Several of the photographs have an aquatic theme. Rowing, wading, walking on water (in fact on a submerged plank). Is this how a panic attack feels? Like trying to breathe under water? Petit-Zeman explains that one in four people coming to the exhibition will have first hand experience of what panic attacks feel like. Many feel isolated and helpless. If they feel they are drowning, the resources provided could be a lifeline. The exhibition prominently advertises helplines, websites, and organisations, but despite the table full of leaflets the space still feels infinitely more like an art gallery than a health centre.

This is a highly effective exhibition, one that subtly educates as it entertains. It takes a brave man to put himself and his symptoms on the line and a rare talent to ensure that visitors don't suffer. At the end of the exhibition, I returned to the first picture, knowing what I wanted to write on Olszowski's label: "The nature of Patrick."

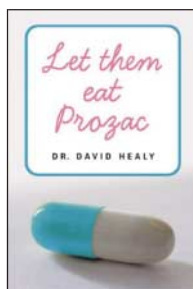
Sabina Dosani specialist registrar in child and adolescent psychiatry, Maudsley Hospital, London
s.dosani@medix-uk.com



Man Jumping

Let Them Eat Prozac

David Healy



James Lorimer & Company Ltd, \$C29.95, pp 462
ISBN 1 55028 783 4
www.lorimer.ca

Rating: ★★

This is a curate's egg of a book. It addresses the wrongs associated with the overuse of fluoxetine (Prozac) in the treatment of patients with depression, choosing to do so at two different levels.

As a populist tract (one has to assume that the book is directed primarily at a north American lay readership), the text is essentially autobiographical, overlong, over-indulgent, somewhat uncritical, and often indiscreet. Healy's aim seems to be one of self advancement as he tells of the buffeting and injustices that have befallen him while fighting to expose and reverse various wrongdoings. The saga, for that is what it is (it has already lasted nearly 20 years), is chronicled in detail, with accounts of Healy's run-ins with the courts, medical journals

(including the *BMJ*), drug companies, professional colleagues, appointments committees, and regulators.

In passing, he praises some sections of the media and damns others; slips effortlessly from his working as a consultant to the industry to being one of its arch critics; and moves from emotive narrative to scientific evidence with confusing ease. The thread of the story is often difficult to follow, and is in a style that echoes the description "too long, too unfocused, and insufficiently clear," used by *BMJ* editor Richard Smith when criticising a manuscript submitted by Healy for publication.

But the book is not all bad. Healy is an academic psychopharmacologist of some repute and one with enormous experience and proven scientific research credentials. Writing at an altogether more sophisticated level he develops a series of "scientific" arguments that expose something of a scam. Intertwined through the populist text there is a persuasive seam asserting that, in most people with depression, selective serotonin re-uptake inhibitors (SSRIs such as Prozac) offer little or no help; that SSRIs (for example, Prozac) give patients suicidal ideas and increase the risk of their committing (or attempting to commit) suicide; and that manufacturers marketed the early SSRIs (for example, Prozac) as antidepressants (rather than as anxiolytics) for political (rather than clinical/pharmacological) reasons. Moreover, Healy argues that Eli

Lilly (the manufacturer of Prozac), together with others, worked to create a market for antidepressant drugs far in excess of actual clinical need, and that Eli Lilly (again among others), successfully used underhand ways to counter the real position.

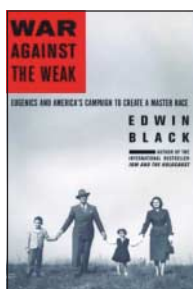
The arguments supporting Healy's position are exhaustively referenced, using information published in clinical trials or given in lectures, coupled with personal communications and data appearing in the lay media. Added to these are data Healy has obtained as an adviser to the industry, which have surfaced as evidence in court or been revealed through the US freedom of information laws. Accordingly, much of the source material is not available in standard databases, and as such the set of references is a collector's item and comparable in richness to those of other leading health commentators such as John Abraham and Charles Medawar.

It would be easy for some to dismiss the book because of its populist elements. In my view, dismissal out of hand is not an option. The book contains serious allegations and ones that deserve to be addressed. Some form of investigation would be appropriate, and this should be independent of at least the industry and the regulators. To do otherwise would be an injustice.

Joe Collier professor of medicines policy, St George's Hospital Medical School, London
jcollier@sghms.ac.uk

War Against the Weak: Eugenics and America's Campaign to Create a Master Race

Edwin Black



Four Walls Eight Windows, \$27, pp 592
ISBN 1 56858 258 7
www.fourwallseightwindows.com/bookblack1.html

Rating: ★★

Eugenics is too frequently overlooked in histories of both the United States and Europe, even though the story is a fascinating and important one. The field to date has remained largely the preserve of academic historians, despite obvious connections to contemporary debates around science and ethics. These were prime motivations for *War Against the Weak*, Edwin Black's timely look at American eugenics and its impact on Nazism.

Black's earlier book, *IBM and the Holocaust*, traced the role of the information technology company IBM in creating Nazi Germany's punch-card technology for classifying victims of Nazi genocide. *War Against*

the Weak continues the theme that the United States was a major contributor to Nazi genocide, but considerably overstates the case by shoehorning evidence into the argument that all European eugenics movements, including the German, were merely offshoots of American eugenics.

Created in Britain in 1883 by Sir Francis Galton (Charles Darwin's cousin), eugenics became reality in the United States before the rise of Nazism. Spurious scientific and medical work by eugenicists led to the forced sterilisation of 60 000 Americans and the banning of ethnically mixed marriages in many states. A eugenically inspired immigration act in 1924 kept out millions of Slavs, Jews, and others, who were subsequently killed by Nazi Germany's eugenically inspired genocide.

Black properly shows that eugenics was about more than just ethnicity and disability by discussing class, intelligence, crime, poverty, sexuality, alcoholism, and prostitution. Eugenics was also fundamentally about saving taxpayer dollars.

While factually accurate, at the level of interpretation Black's work is fatally flawed. He interprets history with the benefit of hindsight, seeing all events leading inexorably to eugenically inspired genocide and blaming those who could not see it at the time.

Black also has an America-centric worldview. He denies the existence of a vibrant German movement before American money arrived after the first world war. This misses the reality that Germany had a

movement following its own course. While American eugenics moved from extreme to subtle, the German movement went the other way, ending in genocide. If Black has substantial evidence for his claim that Hitler's emergence in 1924 led to an "equal partnership" between the US and German eugenics movements, this fundamentally changes the history of eugenics in both countries and deserves far more than a sentence buried deep in the book.

Black claims that British eugenics was almost completely imported from the United States. While Britain, thankfully, did not enact any major pieces of eugenic legislation, it did have an independent and vigorous eugenics movement through the period. Whereas American eugenics focused on disability and ethnicity, Britain's eugenics movement was class oriented and led overwhelmingly from the Bloomsbury and Fabian left.

Experts on the history of eugenics will find plenty to argue with in *War Against the Weak*. Nevertheless the book should open an important field to a new audience. The relevance to contemporary scientific, genetic, and ethical issues is impossible to ignore. Black warns of the dangers, especially of linking economic and financial policy to science. The reader is rightly left wondering whether eugenics has gone away entirely.

Joff Lelliott honorary research adviser in the school of history, philosophy, religion, and classics, University of Queensland, Australia
japelliott@hotmail.com



Horizon: Thalidomide: A Second Chance?

BBC 2, 12 February at 9 pm

Rating: ★★★

Few, if any, drugs have achieved the notoriety of thalidomide. Serendipitously discovered in 1954, thalidomide caused congenital birth defects in thousands of children, and has been one of the most cautionary tales in the history of medicine. But has its age of redemption come? Could it be the “new wonder drug” that many researchers hope?

This episode of the BBC science documentary series *Horizon* introduced us to Dr Chase Peterson. Dr Peterson, the programme explained, is a man who should be dead: he has the blood cancer multiple myeloma, which is usually lethal in between two and five years. After conventional treatment (chemotherapy and bone marrow transplantation) had failed, Dr Peterson tried an experimental drug that he hoped would get the cancer under control. Within two weeks of starting thalidomide the number of cancer cells had reduced, and by six weeks his blood tests were back to normal.

Not everyone is so pleased with the new lease of life for thalidomide. Kevin is one of the many people born with shortened limbs after his mother took thalidomide to treat

morning sickness during pregnancy. Little was known about the drug's mechanism of action, but it had been considered safe—even in overdose. Thousands of children were born with shortened limbs following the introduction of thalidomide into routine medical practice. Only half of these children survived their first month of life.

It was not until 1961, five years after the first of these children were born, that an obstetrician made the connection between what had seemed a harmless drug in adults with the malformations that resulted if the medicine was taken in the first 60 days of pregnancy. Thalidomide's licence was withdrawn a few months later.

However, within three years thalidomide had made a comeback. A doctor in Jerusalem gave one of his leprosy patients some thalidomide that had been languishing on the shelf. He hoped that its tranquillising effect could be used to give the patient some rest. Instead, rather miraculously, the deep inflammatory skin nodules caused by his leprosy resolved overnight. A new era beckoned for the infamous drug. So how did thalidomide work? At the time, a new theory suggested that it regulated the immune system of leprosy patients. But if it did this in leprosy, maybe it could be used in other immune-mediated diseases.

Sarah Craven has Behçet's syndrome. The characteristic sores affecting her mouth and genitals used to preventing her even from sitting down or eating food. However, she told *Horizon* that thalidomide had helped her to regain control of her life—so much so that she became pregnant and had to stop taking the drug.

Dr Judah Falkman, who pioneered the use of thalidomide for multiple myeloma, told the programme that he believed tumours stimulated angiogenesis and he thought that thalidomide might interfere with this process. It might not be a cure, but it might control the disease.

Unlike many cancer drugs, thalidomide is now thought to have multiple actions against cancers. As well as affecting angiogenesis, it may directly attack cancer cells and activate the immune system against the disease.

But elsewhere disaster had repeated itself. By the 1970s and 1980s a new generation of thalidomide babies had been born—this time in Brazil, where leprosy had ravaged much of the population and the drug had been used widely. Some Brazilian mothers had not heeded the warnings of side effects—written in English.

Thalidomide revolutionised the way we think about drugs and their effects on the fetus. The programme makers concluded that it had now revolutionised the way we think about cancer. Cancers could become conditions that are controlled rather than cured, it said.

Horizon provided an informative update on what will always be a controversial topic, giving a good and balanced explanation of the underlying science. It succeeded in making us consider the rights and wrongs of giving the most feared of drugs a second chance.

Vittal Katikireddi final year medical student, University of Edinburgh, and BMJ Clegg scholar
vkatikireddi@bmj.com



Explicit ads seek to halt rise in sexual diseases

A government sexual health advertising campaign has given a new meaning to the traditional romantic Valentine's Day's message. In place of slushy slogans describing the pain of Cupid's dart are explicit warnings about the agony of gonorrhoea and genital herpes. “I love you so much it hurts ... when I pee,” reads the message on the front of a spoof Valentine's card warning of the risks of contracting chlamydia from having sex without a condom.

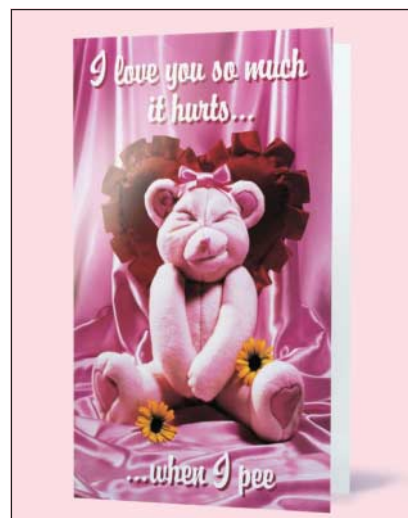
The campaign, which was launched on Monday and uses advertisements on independent radio stations and in tabloid newspapers in addition to the Valentine's cards, is part of an attempt to halt the rising trend of sexually transmitted infections among young people. The cards, one of which shows a man with swollen testicles

and reads, “Valentine, you've inflamed more than my passions,” are being distributed in youth clubs and student unions.

At the heart of the campaign is a colourful website (www.playingsafely.co.uk), part of which is designed as “the ultimate Valentine's store,” with the slogan “gifts that keep giving.” Visitors are invited to “pull my tassel” to enter. Gifts for boys include “Ignite for men,” a pair of underpants described as the “ideal gift for the man who is itching to get to know you better. Give him a pair of these and help start the fire of genital herpes! His todger will be tingling afterwards too! If you're the kind of sister to raise a few blisters, don't make him sore this Valentine's Day.” At the end is a link to a page with information about the signs and symptoms of genital herpes, the methods of transmission, diagnosis, and treatment, and the long term effects.

Gifts for girls include the perfume “Infectious—stand out in any crowd with the unique scent of gonorrhoea, powerful and long-lasting.” Again there is a link to health information.

The adverts and website are the latest in an information campaign launched in 2002 as part of the government's £4m (\$7.4m; €6m) National Strategy for Sexual Health



One of the spoof Valentine's Day cards

and HIV. It is aimed at 18-30 year olds, particularly those in lower income groups.

Public health minister Melanie Johnson said, “This campaign is aimed at targeting those most at risk by using thought provoking imagery and direct language.”

Trevor Jackson assistant editor, BMJ
tjackson@bmj.com

PERSONAL VIEW

Why I'm a reluctant rapid responder

Irritation, inadequacy, and resignation were among my first feelings when I read the rapid responses on *bmj.com* to a paper I had published by the *BMJ* (2003;327:134). And then the anger slowly crept in and stayed. I used to think rapid responses were a valuable and important way to maximise the learning opportunities inherent in publishing by enabling an exchange of ideas and knowledge. With two other doctors I had previously written a response to share our experiences of a rare medical disorder. I had also read the rapid responses to specific archived articles. But I felt completely different when reading the responses to my article.

Like anyone who has published research I had gone through the long and difficult tasks of writing a proposal, obtaining funding, getting ethical approval, collecting and analysing results, and then writing numerous drafts before sending the work to be considered for publication. After peer review, which included the opinion of a statistical expert, I gave more consideration to the original work. This process of publishing a research article contrasts dramatically with that of writing and publishing a rapid response. Yet it felt to me that the two types of publication are given almost equal weight on the *BMJ's* website.

Anyone reading an article on the website is invited to read the rapid responses to the article, and the responses may highlight new and interesting points. But the rapid responses are an opportunity for anyone to enter into a "conversation" or "debate," with little editing or review. In fact it is the *BMJ's* policy to publish any response as long as it is not libellous and to put it on the website unedited within 24 hours, spelling mistakes and all. This is in stark contrast to the published article, which has been edited, often to a surprising extent, by the *BMJ's* team.

The three responses that appeared within days of publication of my article were in combination rude, poorly constructed, and, in my opinion, of little value. It surprised me that all three had been written by psychiatrists, as any doctor, let

alone a psychiatrist, should know that discourteous approaches can hamper further discussion. A couple of the responders had written rapid responses on a wide number of topics in similar tones, and so it seemed that they were using the forum to grate on particular issues. In relation to my work I was disappointed that the *BMJ* thought this manner of exchange useful to the overall impact of the work.

I considered my options. Should I reply on the website to the rapid responses? This would have the advantage of minimising the negative impact that the responders' comments might have on a naive reader. However, I did not think the comments were

worth replying to. In strictly behavioural terms I did not want to reward bad behaviour with a response, as this would encourage the writers to think that they had made a point that was worth considering. I then thought I could just find a way to

discredit the writers, and so I explored what other work they had contributed to the academic medical literature. Although this was satisfying to some extent, I did not think it would be a useful or mature way to respond. I fantasised about bumping into them at the forthcoming conference and asking them specific questions: what they thought of the Christmas number one, for instance. However, I also thought that it was the *BMJ's* decision to publish my work, and so I did not need to defend it.

The experience has left me with a mixed view of the process and its results. I think that rapid responses should be put on the website for a limited period only, as the facility has been set up to enable an immediate conversation. After this, either the comments are worthy of publication or they should be sent on to *www.popmedicine.com* or to the endless waste bin of cyberspace. Alternatively the *BMJ* could consider publishing the comments of the reviewers of a paper. This

would add an interesting perspective to the overall discussion, as the reviewers are often experts in the field.

The *BMJ* is an impressive and important voice in medicine, and yet it is now giving any opinion—no matter how personal, badly constructed, or poorly written—an almost equal voice to the high quality articles it rightly prides itself in publishing.

Mina Fazel clinical lecturer in child and adolescent psychiatry, University of Oxford
mina.fazel@psych.ox.ac.uk

SOUNDINGS

In committee

Americans love committees more than any other people in the world. As an instrument of participatory democracy with opportunities for debate, discussion, dissension, and compromise, committees pervade all aspects of American life, from 5 year olds assigned to committees in kindergarten to the two houses of Congress passing widely disparate bills and then meeting in a joint conference committee to iron out differences.

Committees enable executives to receive input, obstruct, procrastinate, or fill in a boring day with nothing else to do. For some doctors committees provide relief from seeing an interminable succession of patients in the clinic. Hospitals have medical committees on quality, drug use, drug formulary, blood banking, intensive care, or tracheostomies, all reporting to the executive medical staff committee. Social clubs have committees for art, literature, sports, finance, and housekeeping. High-rise condominium buildings have committees for beautification, canopy and building façade, finance, employee protocol, infrastructure, and security.

You can often tell people's real personalities from how they behave in committees—that is, if you cannot watch them play football. Some people are effective in committee, others less so. A *BMJ* obituary once said about the deceased that "in committee he was not too effective."

In universities the promotion committee is all-important for achieving rank and tenure. It has strict criteria for promotion at every level, to be deviated from only for political reasons. Some universities have separate tracks for professors of medicine (great research), professors of clinical medicine (not quite so great), and clinical professors (merely come to teach). Committees pay lip service to clinical excellence and teaching but really care only about publications and grants. The documentation required at higher ranks can be enormous. Applications weighing less than 100 g are unlikely to succeed.

Most candidates for promotion will have published on different subjects, but this is not always so. I remember one candidate, an infectious disease specialist, who had written much, but only about one fungal disease. Whereupon an aging professor who had slumbered through most of the discussion suddenly came to life and interjected, "But does he know how to treat the clap?"

George Dunea attending physician, Cook County Hospital, Chicago, USA

We welcome submissions for the personal view section. These should be no more than 850 words and should be sent electronically via our website. For information on how to submit a personal view online, see <http://bmj.com/cgi/content/full/325/7360/DC1/1>